



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243

**TENNESSEE BOARD OF DENTISTRY**  
(615) 532-3202 or 1-800-778-4123  
<http://health.state.tn.us/Boards/Dentistry>

## **DEEP SEDATION/GENERAL ANESTHESIA PERMIT INSTRUCTIONS**

In accordance with T.C.A. 63-5-108(f), the Board is authorized to issue a permit to any duly licensed dentist to administer deep sedation or general anesthesia in his or her dental practice. Pursuant to Rule 0460-2-.07(7) of the Rules Governing the Practice of Dentistry, "Dentists must obtain a permit from the Board of Dentistry to administer deep sedation/general anesthesia in the dental office." The requirements for obtaining a deep sedation/general anesthesia permit are as follows:

1. To obtain a deep sedation/general anesthesia permit, a dentist must comply with the following:
  - (a) Complete and submit the attached Application along with:
    - (i) A copy of the front and back of his or her Advanced Cardiac Life Support (ACLS) certification card (a pediatric dentist may substitute a Pediatric Advanced Life Support (PALS) certification card); and
    - (ii) A check or money order in the amount of \$300.00 made payable to the Board of Dentistry. This fee is non-refundable.
  - (b) In addition, a dentist must provide certification of one (1) or more of the following:
    - (i) Successful completion of a minimum of one (1) year advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, 2000 edition, or its successor publication; or
    - (ii) Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association; or
    - (iii) Proof of successful completion of a residency program in general anesthesia of not less than one (1) calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia or proof that the applicant is a Diplomate of the American Board of Dental Anesthesiology; or
    - (iv) Possession on the effective date of this regulation of a current valid general anesthesia permit issued by the Board. Such dentists will be issued a new deep sedation/general anesthesia permit and must comply with the general rules set forth in this regulation.
  - (c) In addition to the above requirements, a dentist who administers deep sedation/general anesthesia to children must provide evidence of adequate training in pediatric sedation techniques, in general anesthesia and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.

2. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer deep sedation/general anesthesia must have a valid deep sedation/general anesthesia permit.
3. A dentist may utilize a physician (MD or DO), who is a member of the anesthesiology staff of an accredited hospital, or a permitted dentist to administer deep sedation/general anesthesia in that dentist's office. Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria. The office must comply with the general rules for deep sedation/general anesthesia, i.e. rule 0460-2-.07(7)(b). A dentist utilizing such person and complying with these provisions does not require a deep sedation/general anesthesia permit.

### **UNDERSTANDING THE PERMIT APPLICATION PROCESS**

- All documents and fees which you are required to submit, or which must be requested from the appropriate institutions, must be mailed directly to the Board's office at the above address.
- Allow fourteen (14) working days for information mailed to the Board's office to be received and placed in your file. (If Federal Express or special courier services are used, you will be responsible for charges incurred.)
- The Board's office will discuss the status of an Application with only the applicant or applicant's spouse.
- If the Application is not complete upon receipt by the Board's office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's office within sixty (60) days from the date of the deficiency letter. Files not completed within the allotted sixty (60) days will be closed.
- Once your file is complete, it will be reviewed by the Board Consultant. If approved, an initial approval letter will be issued pending ratification of your Application by the Board at its next scheduled meeting. You will be notified in writing of the Board's final decision by either the issuance of a new certificate or a denial letter.
- The permit must be renewed every two (2) years. The fee for the permit renewal is added into your licensure renewal fee and the deep sedation/general anesthesia permit is renewed with your license.

Thank you for your cooperation. We will make every effort to expedite your Application in an efficient manner.

**NOTE:**        **If an address change occurs at any time, you must notify the Board of Dentistry's Administrative Office, in writing, within thirty (30) days of moving, as required by T.C.A. §63-1-108(c).**



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1201-001- \$300.00

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## PERMIT APPLICATION FOR DEEP SEDATION/GENERAL ANESTHESIA

Please check each certification method you have met which qualifies you to receive a deep sedation/general anesthesia permit according to Rule 0460-2-.07(7)(a)1 of the Rules Governing the Practice of Dentistry:

- \_\_\_\_\_ Successful completion of a minimum of one year advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level
- \_\_\_\_\_ Successful completion of a graduate program in oral and maxillofacial surgery
- \_\_\_\_\_ Successful completion of at least one year in a residency program in general anesthesia approved by the American Dental Society of Anesthesiology
- \_\_\_\_\_ Diplomate of the American Board of Dental Anesthesiology
- \_\_\_\_\_ Current possession of a valid general anesthesia permit issued by the Board.

Please return this application to the Board's Office with a check or money order in the amount of \$300.00 made payable to the Tennessee Board of Dentistry.

### General Information:

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Telephone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Check the Applicable Licensure(s)/Certification(s) Which You Possess:

<input type="checkbox"/>	General Dentist
<input type="checkbox"/>	Endodontist
<input type="checkbox"/>	Oral & Maxillofacial Surgeon
<input type="checkbox"/>	Oral Pathologist

<input type="checkbox"/>	Orthodontist
<input type="checkbox"/>	Pedodontist
<input type="checkbox"/>	Periodontist
<input type="checkbox"/>	Prosthodontist

## Disciplinary Information

Are you licensed in any other state(s)?: ☐ Yes ☐ No If yes, list the state(s): \_\_\_\_\_

Have you had any disciplinary action(s) taken against your license either in Tennessee or any other state?:  
☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Have you ever had any state or DEA controlled substance registration certificate suspended or revoked?  
☐ Yes ☐ No If yes, explain: \_\_\_\_\_

### Deep Sedation/General Anesthesia Program(s) Attended:

Name of program(s): \_\_\_\_\_

Date of program completion (for each program): \_\_\_\_\_

Educational institution which sponsored or oversaw each program: \_\_\_\_\_

List each degree or certificate received by the above-listed programs: \_\_\_\_\_

Have you administered any anesthesia or sedation which resulted in death or patient injury requiring hospitalization?: ☐ Yes ☐ No

(If yes, describe each occurrence, in complete detail, on a separate sheet.)

Will you be administering anesthesia/sedation to children under the age of 13? ☐ Yes ☐ No

Note: Proof of completion of the program must be received from the director of the program. The certification of completion must indicate the length of the program and verify that the course was consistent with the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry or verify that the program is an ADA accredited oral and maxillofacial surgery program or proof of completion of a residency program in general anesthesia of a minimum of one year approved by the American Dental Society of Anesthesiology or proof of Diplomate status from the American Board of Dental Anesthesiology. If you are to administer deep sedation/general anesthesia to children, you must also provide evidence of adequate training in pediatric sedation techniques, in general anesthesia, and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems. Refer to Rule 0460-2-.07(7) of the Rules Governing the Practice of Dentistry for more information regarding programs required for a deep sedation/general anesthesia permit.

**Practice Information:**  
(Attach an additional sheet if necessary)

<b>Practice Location 1</b> Name: Complete Address:	Phone Number: _____ Fax Number: _____
<b>Practice Location 2</b> Name: Complete Address:	Phone Number: _____ Fax Number: _____
<b>Practice Location 3</b> Name: Complete Address:	Phone Number: _____ Fax Number: _____

**Facility and Staff Certification**

I hereby certify that I have properly equipped facilities and personnel for the administration of deep sedation/general anesthesia as required by Rule 0460-2-.07(7)(b)1 and 2. I agree to abide by the rules regarding patient evaluation, dental records, monitoring, emergency management, and recovery and discharge as required by Rule 0460-2-.07(7)(b)3 through 7.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

*SEAL*

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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**Application Certification**

I hereby certify that the information submitted in this application is true and correct. I agree to abide by the statutes and rules governing the practice of dentistry and the administration of deep sedation/general anesthesia in the State of Tennessee and to abide by any future amendments to the statutes and rules.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

*SEAL*

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.